CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Murphy	Christopher	J.	(916) 509-3030

MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
2208 Kausen Drive, Suite 300	Elk Grove	CA	95758	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Traffic Safety

Division, Board, District, if applicable:

Your Position:

Director

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial   Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

○ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office   Date Left: ____/____/____
(Check one)

○ The period covered is January 1, 2008, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate   Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: __2__

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1   ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2   ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B   ☐ Yes – schedule attached
Real Property

Schedule C   ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D   ☐ Yes – schedule attached
Income – Gifts

Schedule E   ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____04-06-09_____

Signature ▬▬▬▬▬▬▬▬

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Christopher Murphy

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE
Preusser Research Group

ADDRESS
1104 Van Buren Avenue

CITY AND STATE
Oxford, Mississippi 38555

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Expert Panel Member

DATE(S): 01 / 16 / 08 - 01 / 17 / 08 AMT: $ 721.20
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airline Tickets provided for participation on panel - Building Consensus on Traffic Safety Measures

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► NAME OF SOURCE
Preusser Research Group

ADDRESS
1104 Van Buren Avenue

CITY AND STATE
Oxford, Mississippi 38555

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Expert Panel Member

DATE(S): 05 / 12 / 08 - 05 / 15 / 08 AMT: $ 1,139.51
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airline Tickets provided for participation on panel - Building Consensus on Traffic Safety Measures

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► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ AMT: $_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ AMT: $_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____